

MEDIA BRIEF

OPERATIONAL PLAN OF THE MINISTRY OF HEALTH AND WELLNESS ON NOVEL CORONAVIRUS

Ministry of Health and Wellness January 2020

HEALTH SECTOR RESPONSE DURING ARRIVAL OF POTENTIAL CASES

Actions to be taken at Airport

Action 1: When there is a sick or suspected persons on the plane

Passengers or crew members falling into this category include those who have fever, cough /breathing difficulty.

The SOP for handling a sick or suspected person on board of the plane

The SOP for handling a sick or suspected person on board of the plane will be jointly implemented with the existing AML and MOH&W procedures as follow.

The commander informs the control tower and implements IHR and IACQ protocol onboard

- a) The commander puts a mask on the person and enforces respiratory etiquette and cough hygiene.
 - b) The sick person is segregated from the other passengers
 - c) The close contacts are identified-three rows behind, three rows in front and three passengers on either side
1. The control tower informs the airport doctor
 2. The aircraft is parked at a secure parking bay
 3. The RPHS of the region or on call is immediately notified of the case to initiate appropriate actions.
 4. Health authorities (airport medical doctor, nursing officer, and Senior Health Inspectors) board the plane
 5. Other passengers remain on board for assessment
 6. Medical assessment is conducted by the airport medical team
 7. If subjects are not found to be sick
 - a. They complete the health declaration card
 - b. Subjects are followed up in the community at the regional health office level
 - c. If symptoms develop, subjects are admitted to the isolation ward of New Souillac hospital for investigation and treatment.
 8. Close contacts of the case are sent for quarantine after assessment.

Action 2: When passengers showing signs of cough and fever upon arrival from high-risk countries after disembarking from the aircraft

Implement SOP for triage of passengers

1. Those with mild cough and fever on board
2. Those who are suspected in the terminal by the thermal scanner, and
3. Those who do not have any signs and symptoms

Actions for categories 1 and 2 passengers

These categories include passengers with cough and fever and those who are picked by the thermal scanner upon arrival, including the contacts of the suspected cases in the terminal. They will be channeled according to procedures listed in Figure 2. In particular; the steps are:

1. Passengers, followed by close contacts, irrespective of their nationality, are segregated in the designated waiting room in the arrival lounge for examination by the airport doctor. The RPHS of the region or on call is immediately notified. The passengers are then admitted at the isolation wards of the New Souillac Hospital for further investigation and management as appropriate.
2. If subjects DO NOT meet the case definition of suspected criteria,
 - a) Compulsory completion of Health Declaration Form is undertaken
 - b) Health information brochure on subsequent steps to take in case of symptoms, including the hotline numbers is given to the passengers at health desk.
 - c) Health authorities Senior Health Inspectors follow up all passengers for 14 days' post-arrival.
3. Close contacts, three rows in front, three rows at the back and three passengers on either side, are identified and put under surveillance

Actions to be taken for non-sick passengers arriving from high-risk countries

Passengers, irrespective of their nationality, coming from high-risk countries as determined by the Ministry of Health and Wellness¹, who are not showing any signs or symptoms suggestive of the infection at the airport (fever or cough) would be allowed to leave the airport but placed under surveillance at the New

¹ China, South Korea, 3 Provinces of Italy (Lombardy, Veneto and Emilia Romagna)

Souillac Hospital or in the community as determined by the Ministry of Health and Wellness for a period of 14 days subsequent to the epidemiology of the disease internationally.

This policy is subject to change following periodic reviews of the evolution of the disease in China or other high-risk countries and decisions taken accordingly concerning incoming passengers.

Guidelines for precautionary measures to be taken by airport personnel and the infection prevention and control protocol for isolation ward at the New Souillac Hospital are as annexed.

Actions to be taken at Port

1. Boarding of ships and cruises are checked by the Senior Public Health and Food Safety Inspector with verification of the Maritime Declaration Certificate and the last 10 ports visited; and
2. Collection of the Health Declaration Form, and eliciting information about the health status of the travelers, as well as on the possible risk of exposure to the virus while in the high risk country, at the Health Counter before proceeding to the Immigration Counter of the *Aurelie Perrine* Passenger Terminal at the Port.
3. All passengers and crew members of the ships or cruise vessels would have their temperature recorded manually by the health staff before disembarkation. Passengers and crew members of the cruise vessels also undergo screening by a thermal scanner at the cruise terminal.

Members of the staff at the Port Health Offices verbally inform the respective Regional Health Offices and the respective Principal Public Health and Food Safety Inspector at the earliest, of incoming passengers from high-risk countries. In case any passenger is showing signs and symptoms of the disease, the RPHS of the region or on call is immediately notified. The rapid response team will be activated if there is a need to send the passenger to the New Souillac hospital. The passenger is then admitted to the isolation ward of the New Souillac Hospital for further investigation and management as appropriate.

PART III: HEALTH SECTOR RESPONSE FOR CONTAINMENT OF SUSPECTED / CONFIRMED CASES

If a case of COVID-19 is suspected or confirmed either from a Government, private health facility or in the community, the following actions will be undertaken;

Action 1: Activate the management committee

The Ministry of Health and Wellness will immediately activate the Management Committee headed by the Director Health Services of Public Health. The management committee will work with the Prime Minister's Office and will issue interim guidelines and SOPs to guide all actions.

Action 2: Isolation of cases and Quarantine of contacts

- All suspected cases are to be notified to the RPHS of the region or on-call who will liaise with the Medical Superintendent or Duty Manager of the Regional Hospital to activate the Rapid Response Team (RRT). The RRT constitutes one medical officer, one nursing officer and one Public Health and Food Safety Inspector in an ambulance with PPE, hand sanitizer, icebox and specimen collecting kit. The RRT will visit the sick passengers, assess the passenger and inform RPHS to decide for a referral to New Souillac Hospital. The RPHS will attend to the newly admitted patient at the New Souillac Hospital. The Medical Specialist on call will be informed to attend to the patient for investigation and treatment. In case the patient is not admitted, specimens taken will be dispatched to Central Health Laboratory on the same day by the same ambulance after leaving the medical staff (RRT) at the regional hospital. RPHS should ensure that specimens have reached the Virology Laboratory at Candos.
- Passengers with symptoms of acute respiratory infection should be encouraged to practise cough etiquette and provide the patient with face masks.
- Contacts will be admitted to the Quarantine Ward of New Souillac Hospital for observation and any investigation required.
- Surveillance should be ongoing for the 14 days even on Saturdays, Sundays and Public Holidays.
- All Regional Health Offices which are concerned with COVID-19 surveillance should remain open on Saturdays afternoon, Sundays and Public Holidays.

- Records to be updated daily and kept at the office level. However, on completion of surveillance. A return of the same should be forwarded to CDCU.

Action 3: Treatment of imported cases

The clinical management of the case will be undertaken by the Medical Consultant and other specialists at New Souillac Hospital. To prevent infection among health care workers, standard safety procedures must be strictly observed during aerosol-generating procedures. These procedures include endotracheal intubation, nebulized medication administration, diagnostic sputum collection, airway suction, chest physical therapy, and positive pressure ventilation. Aerosol-generation procedures should be performed with full PPE. If splashing with blood or other body fluids is anticipated, a waterproof apron should be worn.

Action 4: Inform WHO under the IHR (2005) reporting requirement

The IHR National Focal Point will inform the WHO of any laboratory-confirmed case.

Action 5: contact tracing and zoning

All close contacts of the confirmed index case will be traced to institute public health control measures.

Close contacts are defined as:

Household setting: Living in the same household as a COVID-19 patient within a 14-day period after the onset of symptoms in the case under consideration.

Healthcare setting: either (i) a worker who provided direct clinical or personal care to or examined a symptomatic confirmed case or was within close vicinity of an aerosol-generating procedure AND who was not wearing full personal protective equipment (PPE) at the time; or (ii) a visitor to the hospital who was not wearing PPE at the bedside of a confirmed case; full PPE is defined as correctly fitted high filtration mask (FFP3), gown, gloves and eye protection;

Another setting: any person who had prolonged (>15 minutes) face-to-face contact with a confirmed symptomatic case in any other enclosed setting.

Traveling together with COVID-19 patients in any kind of conveyance.

The management committee must meet to discuss the closure of school, hotels and other public places depending on the geographical location of the confirmed index case of a novel coronavirus in Mauritius and in keeping with WHO and best international practices.

ACTIONS TO BE TAKEN WHEN LOCALIZED SECONDARY CASES OCCUR IN MAURITIUS

A secondary case is defined as a laboratory-confirmed case of COVID-19 in a person with no travel history to a COVID-19 endemic region. If this happens, this means that the virus is transmitting locally. When secondary cases of COVID-19 occur on the island, whether from the public or private health sector, the respective RPHS of the concerned region will coordinate all response with regard to transport, isolation and contact tracings.

Institute Mitigation measures to reduce the secondary transmission of the virus

Action 1: Isolation of cases

The secondary confirmed case will be isolated in the appropriate isolation ward and treatment started as well as environmental disinfection implemented.

Close contacts maybe quarantine at the New Souillac Hospital as determined by the Ministry of Health and Wellness.

Obligatory Quarantine of contacts

All close contacts will have to be tested for COVID-19 and the negative patient put under close surveillance for a period of 14 days.

Those found to be positive will need admission to the isolation ward at the New Souillac Hospital.

Close contact is defined as one of the following persons:

- Airplane setting: the aircraft passengers in the same row and the three rows in front and behind a symptomatic case and three passengers on either side.
- Household setting: any person who had prolonged (>15 minutes) face-to-face contact with the confirmed case(s) any time during the illness in a household setting;

- Healthcare setting: either (i) a worker who provided direct clinical or personal care to or examined a symptomatic confirmed case or was within close vicinity of an aerosol-generating procedure AND who was not wearing full personal protective equipment (PPE) at the time; or (ii) a visitor to the hospital who was not wearing PPE at the bedside of a confirmed case; full PPE is defined as correctly fitted high filtration mask (FFP3), gown, gloves and eye protection;
- Another setting: any person who had prolonged (>15 minutes) face-to-face contact with a confirmed symptomatic case in any other enclosed setting.

Action 3: personal and environmental hygiene practices when handling infected cases.

It is paramount to ensure good hospital practice to limit transmission by adhering to the following protocols:

- On hand washing
- On wearing and disposing of PPE
- On infection control for inpatient ward management
- On environmental hygiene

Action 4: zoning and social distancing.

The positive case will be isolated and social distancing will be practiced by requesting the close-relative and friends to avoid direct contact with the positive case or the close contacts. Closure of schools and prohibition of mass gathering may be anticipated.

Action 5: Enhanced Surveillance for the virus in Mauritius

Routine surveillance for Severe Acute Respiratory Infection (SARI) will be implemented and all subjects meeting the SARI definition will be routinely tested for COVID-19. Surveillance for Influenza-like illness (ILI) is currently carried in selected government health facilities; the scope of this surveillance system has been extended to include SARI in government hospitals and would be extended to private facilities also.

Action 6: Increase Communication in the community

Health education messages will be modified to reflect the current status and disseminated more frequently on all communication media including radio, TV and press in common vernacular to educate the public for preventive measures. In addition, updated CME on risks, mode of transmission and preventive measures will be conducted for medical and paramedical staff working in government and private health facilities.

Action 7: Seek international assistance in controlling the virus

To quell the secondary transmission of the virus, international assistance with an expert in the field will be sought from WHO and the Global Health Program of the Centres for Disease Control and Prevention (CDC) in Atlanta Georgia, USA.

Coordination of Response

Action 1: Increased frequency of the intersectoral committee headed by the Ministry of Health and Wellness

The MOH&W will conduct a regular meeting for monitoring the situation and to advise on all activities, including updating of guidelines and SOPs.

Annex 4: ILLUSTRATION OF PROPER HAND- WASHING

